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CONFIRMATION NO. 6653

<b>SERIAL NUMBER</b> 10/820,144	<b>FILING OR 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 2474.0070003/BJD/JKM
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**APPLICANTS**

Esther H. Chang, Potomac, MD;  
 Kathleen F. Pirollo, Rockville, MD;  
 Liang Xu, Arlington, VA;  
 William Alexander, Rockville, MD;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/856,270 05/18/2001 ABN which is a 371 of PCT/US99/27365 11/19/1999 which claims benefit of 60/109,236 11/19/1998 and claims benefit of 60/128,330 04/08/1999 *guc*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*guc* *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 06/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>guc</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**  
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**TITLE**

Systemic viral/ligand gene delivery system and gene therapy

<b>FILING FEE RECEIVED</b> 1660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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